



**SEMINOLE NATION OF OKLAHOMA  
JUDGMENT FUND PROGRAM  
ELDERLY ASSISTANCE PROGRAM**

**E**

(Please print in ink or type information)  
(Only Original Applications will be processed, no emailed, faxed or copies will be accepted)

**Applicant Information:**

Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Maiden

Address: \_\_\_\_\_  
(PO Box, RR or St) City State Zip Code

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name of Tribal Band: \_\_\_\_\_ Degree of Seminole Blood: \_\_\_\_\_

Sex: \_\_\_\_\_

If you are **not** the Applicant, but are acting on behalf of the applicant, please fill out the following:

Name: \_\_\_\_\_  
Last First MI Maiden

Address: \_\_\_\_\_  
(PO Box, RR or St) City State Zip Code

Relationship: \_\_\_\_\_ (You must provide legal documentation demonstrating this authority)

**Please List Statement of Need:** \_\_\_\_\_

Choose from the following:

Transportation Cost  
Home Furnishings  
Medical Needs  
Utility Needs

(If need is other than listed examples, please state need.)

Telephone Equipment and Charges  
Entertainment Needs  
Purchase or Repair of Household Appliances  
Debt Reduction

**Application Guidelines and Required Documents are on the back of this form, PLEASE READ AND SIGN!**

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**WE DO NOT ACCEPT EMAILED, FAXED, OR COPIED APPLICATIONS, ONLY ORIGINAL SIGNED  
APPLICATIONS WILL BE PROCESSED.**

**APPLICATION GUIDELINES**

**You must be (62) Sixty-Two years or Older in order to receive a One-Time payment of \$2,000.**

**REQUIREMENTS:**

1. Applicant must provide a front & back copy of his/her Seminole Nation of Oklahoma Tribal membership card, (if not on file).
1. Applicant must provide a copy of his/her Certificate Degree of Indian Blood (CDIB), (if not already on file).
2. Applicant must provide one other form of identification with picture (valid driver's license, signed social security card or birth certificate with a current photo).

Information concerning an application or payment to an applicant is confidential and shall only be given to the applicant, unless a written statement is on file at the Judgment Fund office that another person(s) can inquire the information.

Mail application to:	Seminole Nation of Oklahoma Judgment Fund Office 2007 W. Wrangler Blvd. Seminole, OK 74868	Office Hours: Monday - Friday 8:00am - 5:00pm
		Toll Free #: 1-877-382-0549 (405) 382- 0549
		Fax #: (405) 382-057

**Applicant's Rights and Responsibilities:**

"I have read both sides of this application or it has been read to me. I have willingly completed this application and truthfully answered the indicated questions. I authorize the Seminole Nation Judgment Fund staff to make any investigations necessary to verify the answers given, and to obtain any information required to determine my eligibility. I have a right to a fair hearing on such action of the Tribe I consider improper, and shall submit a written request with explanation of need for a hearing to the Judgment Fund Coordinator. By signing below, I certify the above to be true, complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Application is incomplete if not signed, and all requested documents are turned in.**